

## 2025 PROVIDER QUICK REFERENCE GUIDE

### Health Insurance Marketplace - Texas

#### ELIGIBILITY

Member Services Phone: **844-282-3025** Fax: **210-766-8851**  
[Christus.HP.memberservices.inquiry@christushealth.org](mailto:Christus.HP.memberservices.inquiry@christushealth.org)

Provider Inquiries Phone: **844-282-3025** Fax: **210-766-8851**  
 Provider Portal [www.christushealthplan.org](http://www.christushealthplan.org)

CHRISTUS Health Plan		TX - EX
<b>Member</b>		
Subscriber Name: JOHN SAMPLE		<b>Medical Plan</b> PCP Office Visit: \$0 Specialist Office Visit: \$10 Emergency Room: 25% Urgent Care: \$5 OOP Max: \$1800/\$3600 INN Deductible Combined: \$0/\$0 QHP TDI HMO
Subscriber ID: 0000000000		
Group Number: 66252TX02800006		
Effective Date: 04/01/2025		
PCP Name: Jane Doe PCP Phone: 555-555-5555		
<b>Dependents:</b>		
JANE SAMPLE	0000000001	<b>Pharmacy Plan</b> RxBIN: 003858 RxPCN: A4 RxGRP: CHPHCRE www.express-scripts.com Pharmacy administered by Express Scripts Holding Company
JIMMY SAMPLE	0000000002	
Preferred Generic Drug: \$0 Generic Drug: \$0 Brand Drug: \$15 Non Preferred Brand Drug: \$50 Specialty Drug: \$150		

Provider Services	Member Services
<b>Submit Medical Claims to:</b> P.O. Box 561123 Dallas, TX 75356 Payor ID: 52106	Member Services 1-844-282-3025 TTY 711 Superior Vision 1-800-879-6901 Delta Dental 1-833-459-1167 Pharmacy for Members 1-844-569-2830 TDD Pharmacy 1-800-759-1089
<b>Submit Dental Claims to:</b> P.O. Box 1809 Alpharetta, GA 30023-1809	<b>Assistance 24/7</b> Nurse Line: 1-844-581-3175
<b>Submit Vision Claims to:</b> 939 Elkridge Landing Rd, Ste 200 Linthicum, MD 21090	

CHRISTUS Health Plan is a licensed HMO in Texas. CHRISTUS Health Plan is also the sole owner of CHRISTUS Health Plan Louisiana, a licensed HMO in Louisiana which operates under the registered trade name of CHRISTUS Health Plan.

**Please visit [www.christushealthplan.org](http://www.christushealthplan.org) for more information about your plan and to find information on how to locate an in-network provider.**

#### PROVIDER RELATIONS

Needs or portal access:

[CHP.ProviderNetwork@christushealth.org](mailto:CHP.ProviderNetwork@christushealth.org)

**CHRISTUS HEALTH PLAN SITE** [www.christushealthplan.org](http://www.christushealthplan.org)

Provider Resources, Education, Search, and Portal

#### NETWORK CONTRACTING

[CHP.NetworkDevelopment@christushealth.org](mailto:CHP.NetworkDevelopment@christushealth.org)

#### SALES & MARKETING

[TXBrokerSupport@christushealth.org](mailto:TXBrokerSupport@christushealth.org)

Broker/Prospect Inquiries, Marketing Events **833-889-4357**

#### CLAIMS

Claims Submissions Claims filing deadline 95 days  
 \*\*Unless otherwise agreed upon in the provider's contract\*\*

Claims Resubmissions Resubmission deadline **180** days

Claims Address CHRISTUS Health Plan Texas Exchange

Phone: **844-282-3025** P.O. Box 561123

Dallas, TX 75356

Electronic Claims Clearinghouse: Availity  
 Payor ID: **52106**

#### AUTHORIZATION INFORMATION

Please visit [www.christushealthplan.org](http://www.christushealthplan.org) for the most up-to-date authorization list. For questions contact us at **800-446-1730**.

#### UTILIZATION MANAGEMENT & BEHAVIORAL HEALTH

Phone: **800-446-1730** (ext 1) Fax: **800-277-4926**

#### CARE MANAGEMENT

Phone: **800-446-1730** (ext 2)

#### COMPLAINTS AND APPEALS

[ChristusCAG@christushealth.org](mailto:ChristusCAG@christushealth.org)

Phone: **844-282-0380** Fax: **866-416-2840**

Appeals deadline: **180** days from the date of the last disposition

Mail to: CHRISTUS Health Plan  
 ATTN: Complaint and Appeals  
 P.O. Box 169009  
 Irving, TX 75016

#### CREDENTIALING VERIFICATION

Non-Delegated providers

[Christus.HP.Credentialing@christushealth.org](mailto:Christus.HP.Credentialing@christushealth.org)

Delegated providers

[Christus.DSO.Delegation@christushealth.org](mailto:Christus.DSO.Delegation@christushealth.org)

Facilities and Ancillaries

[Christus.HP.Facility@christushealth.org](mailto:Christus.HP.Facility@christushealth.org)

#### ELIGIBILITY AND ENROLLMENT

[Christus.HP.Eligibility@christushealth.org](mailto:Christus.HP.Eligibility@christushealth.org)

Phone: **844-282-0380** Fax: **866-416-2840**

Open Enrollment 11/01/2024 - 01/15/2025

#### NEW PROVIDER PORTAL URL

<https://christushealthprovider.healthtrioconnect.com/>

#### CARENET 24-HOUR NURSE LINE



**800-455-9355**

#### PHARMACY BENEFIT MANAGER

Express Scripts, Inc. (ESI) **1-800-949-8779**

Pharmacy Help Desk **1-800-922-1557**



#### DENTAL BENEFIT VENDOR

Delta Dental [www.deltadentalins.com](http://www.deltadentalins.com)

Member/Provider Services **1-833-459-1167**



#### VISION BENEFIT VENDOR

Superior Vision [www.superiorvision.com](http://www.superiorvision.com)

Member Services **1-800-879-6901**

Provider Services **1-866-819-4298**



#### FITNESS VENDOR

(Plus plans ONLY)

Active&Fit [www.activeandfit.com](http://www.activeandfit.com)

Member Services **877-771-2746** (TTY 711)

Monday - Friday, 5 am - 6 pm



#### FAMILY PLANNING CLAIMS PAYMENT

Conduent **844-282-3025**

#### RESOURCES

[www.cms.gov](http://www.cms.gov)

#### FRAUD, WASTE AND ABUSE

FWA HOTLINE **855-771-8072**

Secure Fax **210-766-8849**

CHRISTUS Health Plan

ATTN: Special Investigations Unit

5101 N. O'Connor Blvd.

Irving, TX 75039

[ChristusHealthPlanSIU@christushealth.org](mailto:ChristusHealthPlanSIU@christushealth.org)